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PTO/SB/41 (02-01)

Approved for use through 10/22/03. Date 03/15/03

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

| | |
|------------------------|----------------------------|
| Application Number | New |
| Filing Date | Herewith |
| First Named Inventor | Pamela Akin |
| Title | Clothing Protection Sleeve |
| Group Art Unit | TBA |
| Examiner Name | TBA |
| Attorney Docket Number | 71088-004 |

I hereby appoint:

☒ Practitioners at Customer Number
OR

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PATENT TRADEMARK OFFICE

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office concerned therewith.

☒ Firm or Individual Name: H. Frederick Rusch

Address: Husch & Eppenga, LLC

Address: 190 Carondelet Plaza

City: St. Louis

State: MO

Zip: 63105

Country: USA

Telephone: 314-480-1500

Fax: 314-450-1505

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/41).
SIGNATURE of Applicant or Assignee of Record

Name: Pamela Olson (aka Pamela Akin)

Signature: *Pamela Olson*

Date: 11/18

NOTE: Signatures of all the inventors or assignees of record of the entire subject or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20591. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/02 (3-01)

Approved for use through 10/31/02. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------|
| DECLARATION FOR UTILITY, DESIGN, OR DESIGN AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63) | | Express Mail No. | EV532070708US |
| | | Attorney Docket Number | 71055-004 |
| | | First Named Inventor | Parvata Aldin |
| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing | | COMPLETE IF KNOWN | |
| <input type="checkbox"/> Supplemental Declaration Submitted | <input type="checkbox"/> Declaration Submitted for Continuation-in-Part Filing | <input type="checkbox"/> Declaration Submitted for Divisional Filing | |
| | | Application Number | TBA |
| | | Filing Date | Herewith |
| | | Group Art Unit | TBA |
| | | Examiner Name | TBA |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Clothing Protection Sleeve

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy YES | Attached? NO |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02P attached hereto.

[Page 1 of 2]

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PTO/SB/01-103-01

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label **028493** OR ☐ Correspondence address belowName **H. Frederick Rusche**Address **Husch & Eppenberger, LLC, 190 Carondelet Plaza**City **St. Louis** State **MO** ZIP **63105**Country **USA** Telephone **314-480-1500** Fax **314-480-1505**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Patricia** Family Name or Surname **Olsen (Formerly, Akin)**

Inventor's Signature **Patricia Olson** Date

Residence: City **Chattanooga** State **Tennessee** Country **USA** Citizenship **American**

Mailing Address **418 S. Lovell Ave.**

City **Chatt.** State **TN** ZIP **37412** Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Family Name or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)

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